

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037842

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9204

STATE FILE NUMBER

FILED SEP 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY
OR
TOWN **Oakville**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF
HOSPITAL OR
INSTITUTION **Alexian Bros. Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
4506 Telegraph Road

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Donald

N.

Miller

4. DATE
OF
DEATH

Month
September

Day
13

Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/14/1920

9. AGE (last birthday)

42

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Welder

10b. KIND OF BUSINESS OR INDUSTRY

Titanium Company

11. BIRTHPLACE (City and state or country)

Reading, Pennsylvania

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

(Unk.) Miller

13b. MOTHER'S MAIDEN NAME

Marie Miller

14. NAME OF HUSBAND OR WIFE

Gladys

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW # 2

16. SOCIAL SECURITY NO.

WW # 2

17. INFORMANT

Gladys Miller 4506 Telegraph Rd. Oakville,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized carcinoma Metastasis

INTERVAL BETWEEN
ONSET AND DEATH

several months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

originally ca of l. lung

several months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 1 1963** to **9/13/63** and last saw her alive on **9/13/63**
Death occurred on **12:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Green D. Creelias M.D. (Degree or title)

22b. ADDRESS

752 Locust Ferry Rd

22c. DATE SIGNED

9/13/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Sept. 16, 1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

ADDRESS

7814 So. Broadway St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

SEP 13 1963

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300
Rev. 4/59
1
240003
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50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis E. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 504 W. Ripa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Crecelius
752 Lemay Ferry Road
ME 1-2224